

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>107018406</b>	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51			
2		1				52			
3		1				53			
4		1				54			
5		1				55			
6		1				56			
7		1				57			
8		1				58			
9		1				59			
10		1				60			
11		1				61			
12	1					62			
13		1				63			
14		1				64			
15		1				65			
16		1				66			
17		1				67			
18	1					68			
19	1					69			
20		1				70			
21		1				71			
22		1				72			
23		1				73			
24		1				74			
25						75			
26						76			
27						77			
28						78			
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30						80			
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32						82			
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37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL ID.						TOTAL IND.			
TOTAL DEP.	10					TOTAL DEP.			
TOTAL CLAIMS	24					TOTAL CLAIMS			